Rec'e PCT/PTO 30 SEP 2004 10/509743 Attorney Docket No.

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

0038-0447PUS1

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	invention entitled:							
Insert Title:	IMETHOD AND DEV	ICE FOR MANUI	FACTURING TISSUES	ECTION		1	mbor as set	
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as forth above and/or the following: as The specification was filed on;							
Information - For Use Without Specification Attached:	The specification was filed on							
	United States Application Numberand amended on					(if applicable)	and/or	
	and amended onthe specification was filed on				as PC1			
	the specification was filed on International Application Number				(if applicable)			
Insert Priority	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application, that the invention has not been patented or made the subject of an inventor's certificate by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:  Priority Claimed  April 1, 2002							
Information:	(Number)	(Country)		(Month/Day/Ye	ear Filed)	Yes	No	
(if appropriate)	(Ivantoci)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		<u> </u>		(Month/Day/Y	ear Filed)	Yes	No	
	(Number)	(Country)		(Monny 24) / -	,	_		
							□ No	
	(Number)	(Country)		(Month/Day/Y	ear Filed)	Yes	NO	
	(Ivalitaes)	, ,						
		<del> </del>		(Month/Day/Y	ear Filed)	Yes	No	
	(Number)	(Country)				1 (3.1)	برجم أمما أمين	
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.							
Insert Provisional Application(s): (if any)	(Filing Date)				<u> </u>		<del></del>	
	(Application Number)							
	(Application Number) (Filing Date)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country Application Numl			er [	Date of Filing (Mont	h/Day/Year)		
	Country		- Fr					
Insert Requested Information:								
(if appropriate)								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PC international filing date of this application.							
Insert Prior U.S. Application(s): (if any)	(Application Number) (Fil		(Filing Date)	(Filing Date)		(Status - patented, pending, abandoned)		
			` <i>U ,</i>					
			(Ett D. (-)		(Status - patented, p	ending, abando	oned)	
Page 1 of 2 (Rev. 05/2004)	(Application Num	ber)	(Filing Date)		/ F	Č		

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

PLEASE NOTE: YOU MUST COMPLETE

## CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. THE FOLLOWING: 1-00 lame of First ole Inventor: Name of GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE\* September 18, 2004 migazana MIYAZAWA Residence (City, State & Country) CITIZENSHIP Insert Residence Insert Citizenship Koushoku-shi Nagano Japan Japanese nsert Post Office MAILING ADDRESS (Complete Street Address including City, State & Country) Address c/o Kabushiki Kaisha Tiyoda Seisakusho, 75-5, Ooaza Imojiya, Koushoku-shi, Nagano 387-0015 Japan Full Name of Second GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE\* September 18, 2004 roiwa Residence (City, State & Country) CITIZENSHIP <u>Koushoku-shi</u>∖Nagano Japan Japanese MAILING ADDRESS (Complete Street Address including City, State & Country) c/o Kabushiki Kaisha Tiyoda Seisakusho, 75-5, Ooaza Imojiya, Koushoku-shi, Nagano 387-0015 Japan Full Name of Third INVENTOR'S SIGNATURE GIVEN NAME/FAMILY NAME DATE\* September 18, 2004 Inventor, if any ARAKAWA 1 Residence (City, State & Country) CITIZENSHIP Koushoku-shi\Nagano Japan Japanese MAILING ADDRESS (Complete Street Address including City, State & Country) c/o Kabushiki Kaisha Tiyoda Seisakusho, 75-5, Ooaza Imojiya, Koushoku-shi, Nagano 387-0015 Japan Full Name of Fourth DATE\* GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE Inventor, if any September 18, 2004 1 ama sunachi YANAGIMACHI 1 CITIZENSHIP Residence (City, State & Country) Koushoku-shi\Nagano Japan Japanese MAILING ADDRESS (Complete Street Address including City, State & Country) c/o Kabushiki Kaisha Tiyoda Seisakusho, 75-5, Ooaza Imojiya, Koushoku-shi, Nagano 387-0015 Japan Full Name of Fifth GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE\* Inventor, if any: see above Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) Full Name of Sixth GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE\* Inventor, if any: see above Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country)